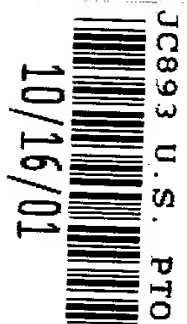


10-18-01

A



Docket: 2334 DIV



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Gene Stellan, et al

Divisional of Serial No.: 09/526,837

Examiner: Unknown

Group Art Unit: Unknown

Filed: Concurrently Herewith

For:

TROCAR SYSTEM AND METHOD OF USE

APPLICATION TRANSMITTAL LETTER

Asst. Commissioner For Patents
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the ☒ utility ☐ design patent application in this case including:

1. ☒ This application is a ☐ Continuation; ☒ Divisional
☐ Continuation in Part of prior application Serial No. 09/526,837 filed on March 16, 2000.
2. ☐ This application claims priority from Provisional Application No. _____, filed _____.
3. ☒ The application consisting of 18 pages (including specification, claims and abstract).
4. ☒ 13 sheet(s) of drawings is enclosed. The drawings are:
 - a. ☒ formal; or
 - b. ☐ informal; formal drawings will be submitted in due course.
5. ☒ A signed declaration and power of attorney from the parent application is enclosed.

09/09/01 10/16/01

6. ☐ A declaration and power of attorney is not enclosed at this time since it has not been executed by the inventor(s). A signed declaration and power of attorney will be submitted in due course.

The inventors are: Gene A. Stellon, David C. Racenet, Ralph A. Stearns and Adam Lehman.

7. ☒ A copy of the Recorded Assignment of the invention from the parent application to United States Surgical Corporation, a division of Tyco Healthcare Group LP. is enclosed
8. ☒ Please cancel claims 1-10 as originally filed before calculating the filing fee.
9. ☒ The Application filing fee is calculated below.

No. Filed	No. Extra*	Rate:	Fee
Basic Fee:			
Total Claims:	3 - 20 =	x 18.00	\$ 740.00
Indep Claims:	1 - 3 =	x 84.00	\$

☐ Multiple Dependent Claims
Presented + \$270.00 \$ 0.00

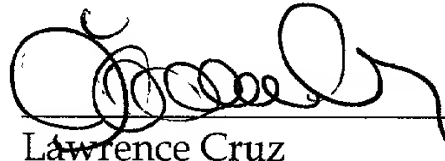
TOTAL: \$740.00

10. ☒ Please charge Deposit Account No. 21-0550 in the amount of \$740.00 (which includes filing fee and recordation fee).
TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.

11. [x] The Commissioner is hereby authorized to charge any additional fees which may be required for this application, or credit any overpayment to Deposit Account No. 21-0550. **TWO DUPLICATE COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,

Date: 15 Oct 2001



Lawrence Cruz

Reg. No. 36,385

Attorney for Applicant

United States Surgical, a division of
TYCO HEALTHCARE GROUP LP
150 Glover Avenue
Norwalk, Connecticut 06856
(203) 845-4562

15 OCT 2001 09:10:10